Governance Expectations of Alberta's Health Authority Boards

November 2001

Governance Expectations

Alberta
HEALTH AND WELLNESS

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Message from the Minister

You have accepted a solemn responsibility. Governing the delivery of health care in your region will directly affect the quality and availability of health care for everyone in the communities you have been elected or appointed to represent. Your decisions will affect lives and quality of life now and for years to come.

You are not alone in meeting this responsibility. Legislation provides you with a legal framework; my ministry provides policy direction, develops the provincial business plan and offers business planning assistance. Ministry staff will provide fiscal, accountability and other directions. I will continue to represent your interests within the Alberta government, with other provinces and territories, and to the federal government.

Governance Expectations of Alberta's Health Authority Boards clarifies and consolidates the key information on which you will rely. It outlines the scope of your responsibilities, the provincial government's expectations, your performance criteria, and more.

As a health authority member, you are part of a larger health partnership that includes professional colleges and associations, contracted service providers, patients and communities, along with government. This extended team is pleased to welcome you, or welcome you back, as a colleague in mapping the future of our health system.

The challenges are significant, but I believe, together, we can build a health system that will meet Albertans' needs today, and for years to come.

Sincerely,

Gary G. Mar

Gary G. Mar, Q.C.
Minister of Health and Wellness

102-03667/

GOVERNANCE EXPECTATIONS OF ALBERTA'S HEALTH AUTHORITY BOARDS

Purpose

This document is intended to clarify expectations the Minister of Health and Wellness has of Alberta's health authority boards, defined for this purpose to include both regional health authorities and provincial health boards. It deals with expectations of governance, which are distinct from management and operational responsibilities. While some of the specific messages within the document are directed toward regional health authorities, the general governance content applies equally to provincial health boards.

The content builds on responsibilities outlined in the *Regional Health Authorities Act* and Regulations, the *Cancer Programs Act*, and other legislation, and on expectations in documents such as the *Health Authority Business Plan and Annual Report Requirements*. An assessment instrument to guide boards in monitoring and evaluating their performance is provided as a companion document.

Vision for Health

The Government of Alberta's vision for health is *"Citizens of a healthy Alberta achieve optimal health and wellness"*. It is a long-term vision that recognizes the link between the health of the economic, social and physical environments and the health of people. Health services are just one of many influences on the health of Albertans.

The overall objective of a health authority board is to maintain and enhance the health status of their population. As well, the board of a health authority establishes how the health authority can best contribute to the achievement of the overall vision for health in Alberta, and is accountable for its performance in governing health care.

Accountability Context

In 1998, the Minister of Health released the document *Achieving Accountability in Alberta's Health System*, and an updated version was issued in 2001. The document outlines the roles,

responsibilities and reporting relationships of the major players in the health system. Within these formal relationships, accountability is defined as *the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities.* One is responsible *for* something and accountable *to* someone.

In Alberta, health authorities have responsibilities conferred upon them by the Legislative Assembly, primarily through the *Regional Health Authorities Act*, the *Public Health Act*, the *Hospitals Act*, the *Cancer Programs Act*, and the *Nursing Homes Act*. Section 5 of the *Regional Health Authorities Act* defines the primary responsibilities of regional health authorities:

- Promoting and protecting the health of the population in the region and working toward the prevention of disease and injury
- Assessing the health needs of people living in the region
- Determining priorities for the provision of health services in the region and allocating resources accordingly
- Ensuring reasonable access to quality health services is provided in and through the region, and
- Providing health services in a manner that focuses on the needs of individuals and communities and supports integration of services and facilities in the region.

In carrying out their responsibilities, health authorities are subject to direction from the Minister, who must ensure alignment of health authority priorities with overall health system directions. The boards of the health authorities are *accountable* to the Minister of Health and Wellness for the fulfillment of their governance role.

Once members of regional health authorities are elected and appointed, and take their oaths of office, regional health authorities are also *accountable*, as governing bodies, to the residents of their regions.

While regional health authorities have responsibilities for their medical staff, employees and other stakeholders, regional health authorities are not accountable to these individuals – they are *answerable* to them. This means that they are obliged to provide

information and explanation to stakeholders but they are not subject to direction or sanctions from them.

Individual members of regional health authorities, both elected and appointed, are *accountable* to their respective health authorities – individual members' responsibilities are determined by the authority's bylaws.

Governance Definition and Scope

Governance is *the process of exercising corporate leadership by the policy-making authority for the organization as a whole in terms of its purpose, control and future and overseeing the organization to ensure that its mandate is achieved.* *Organization* is defined as the health authority.

The Minister's expectations of boards are set out within the following broad headings:

A. Overall Direction and Planning
B. Relationships
C. Fiscal Management
D. Risk Management
E. Monitoring, Evaluation and Reporting
F. Board Performance

Assessment of Board Performance

It is expected that a health authority board will assess its own performance on an annual basis, as a method for identifying strengths and challenges, and for ongoing improvement of its governance performance.

In addition, the Minister may choose to assess the performance of a board through any or all of the following means:

1. Ongoing monitoring and reporting (e.g., through business plans, annual reports, financial reports, etc.)

2. Request for summary of board's self-assessment

3. Discussions with the board

4. Independent audit or operational review

Remedies to Address Performance Issues

For situations in which the Minister has cause for concern about the governance performance of a health authority board, the *Regional Health Authorities Act* gives the Minister authority to take actions, including:

- providing direction to the board
- replacing the board chair with another member of the authority
- removing the board and replacing it with an official administrator.

GOVERNANCE EXPECTATIONS

A. OVERALL DIRECTION AND PLANNING

The board is expected to:

A1. Define the vision, mission and values of the health authority, ensuring public and other stakeholder input

Statements of organizational vision, mission and values that are clearly defined and put into action are a basic element of effective governance. An organization's vision should reflect the future to which it aspires. Its mission is its reason for existing and its values are the principles that guide the organization. In developing the organization's vision, mission and values, the board is required to align its focus with provincial goals and direction.

Together, the vision, mission and values help to set the overall direction, guide decision making and provide a framework against which decisions and actions can be evaluated. Vision, mission and values should be developed with active involvement of the public, staff, physicians, other health professionals and other key stakeholders, and should be communicated throughout the organization and to the public.

A2. Ensure that the health status and health needs of the population being served are assessed on an ongoing basis

The assessment of health status and health needs is the foundation of planning. It involves gathering relevant, reliable and valid information from a variety of sources about health status, health determinants, community resources, service utilization patterns and health needs. While a health authority board may not be directly involved in this activity, it is responsible for the assessment and must assure itself that relevant information has been gathered and assessed.

A3. Establish strategic directions, key expectations and performance measures for the health authority

The board defines the strategic directions for the organization that senior management must implement. These directions are defined through a strategic planning process, which takes into account information on health status and health needs of the population being served, health determinants, service utilization, community resources and provincial directions. A main role of the board is to provide directional leadership for the health authority, with periodic evaluation of strategic decisions within a changing environment.

The board also defines, at a high level, the expectations or desired results for the organization, taking into account the overall provincial goals and directions, and identifies key measures for assessing progress toward these expectations.

A4. Determine health services priorities

Health services include those directed at health protection and promotion, illness and injury prevention, diagnosis, treatment and support. These services may be delivered at the individual or population level. The board sets priorities for health services, within available resources, based on health status and health needs, relevant legislation, and direction from the Minister. The priority-setting process should involve consultation with the public and other key stakeholders.

A5. Provide policy leadership to the organization

Policy-making is an important role of governing boards. Health authority boards are expected to establish and periodically review the organization's policies and bylaws. It is the responsibility of management to implement the bylaws and policies developed by the board. This is the main distinction between the role of the board and that of management.

A6. Comply with legislation, regulations, provincial policies and Ministerial directives

Legislation, regulations and provincial policies set out the framework for health authorities. Based upon these, health authority boards create specific bylaws for their organizations which may require formal approval from the Minister of Health and Wellness. As well, boards may receive direction from the Minister in accordance with legislation.

A7. Allocate resources for delivery of services

The board must ensure that the health authority allocates resources in a manner that will provide for the sustainability of programs and services over the long term. It must also ensure that services are resourced, organized and delivered in ways that reflect its population's unique characteristics and needs, as well as reflecting overall provincial directions and priorities.

A8. Ensure the planning and delivery of quality health services

The board must ensure that the delivery system provides reasonable access to health services that are appropriate, safe, effective, cost-efficient and acceptable to the users and the system. The board must also ensure that services are integrated and coordinated within and across regional boundaries and provincial programs, and that they contribute to the quality of the overall health system for Alberta.

This expectation applies whether services are delivered directly by the health authority or by contracted providers. All contracts with voluntary and private providers must include provisions to ensure that providers are accountable to the board for health authority resources used and the standard of care delivered and that providers are in compliance with legislative and regulatory requirements.

A9. Develop and submit to the Minister of Health and Wellness a business plan for the health authority, and report on performance relative to the plan

Each year, the board must submit a business plan to the Minister of Health and Wellness for approval, in accordance with the *Government Accountability Act* and any Ministerial directives, including Health Authority Business Plan and Annual Report Requirements. At the end of the year the board is expected to report on actual performance against the plan, highlighting positive results as well as explaining any variations from the plan.

B. RELATIONSHIPS

The board is expected to:

B1. Fulfill its accountability to the Minister of Health and Wellness

The boards of the health authorities are accountable to the Minister of Health and Wellness. The board must submit annual reports comparing results achieved with business plan goals and targets to the Minister for approval. The annual reports are tabled in the Legislative Assembly as partial fulfillment of the Minister's accountability to the Assembly.

Quarterly financial reports are required from all health authorities and additional reports may be required by the Minister. When necessary, boards are also expected to make representation to the Minister regarding issues at the provincial level that may affect the achievement of health goals for the organization. As well, boards must keep the Minister appropriately informed of any other factors impacting business plans.

B2. Establish a sound process for recruitment, appointment and evaluation of the Chief Executive Officer

The board hires a Chief Executive Officer (CEO) to carry out the work of the organization as defined by the policies and plans formulated by the board. Ensuring that the CEO has the necessary qualifications, setting clear

expectations and regularly evaluating the performance of the CEO will enable the board to have well-founded trust and confidence in the CEO. At the same time, it will confirm for the CEO that the board has confidence in his/her ability and ongoing performance in fulfilling the expectations of the board.

B3. Establish an effective working relationship with the Chief Executive Officer

Effective governance requires a distinction between issues to be addressed by management and those of concern to the board. It is not the role of the board to become directly involved in operational issues within the organization; this role is delegated to the CEO. The board delegates powers and authority to the CEO through bylaws and policies, which set the parameters of decision-making and conduct. Such bylaws and policies must clearly describe what is being delegated. The key to a successful relationship between the board and the organization is the degree to which the board and the CEO are able to work in partnership, doing what each is delegated to do.

B4. Ensure a succession plan is in place for senior executives

The board must establish a succession plan which will enable the health authority to operate effectively in the event that the CEO or other key executives leave the organization. The plan needs to consider temporary appointment, recruitment, personal and professional attributes and qualifications, training for internal candidates or prospects, and the role of the board and executive during the transition.

B5. Ensure the appointment of a Medical Officer of Health

Each regional health authority must appoint at least one Medical Officer of Health and executive officers, as required under the *Public Health Act*. These individuals are then accountable to the board for carrying out duties under the *Act*. This may be fulfilled either through direct reporting to the board or through a reporting relationship

to the CEO. Within certain provisions under the *Public Health Act*, the Medical Officer of Health may act independently of the board to safeguard public health.

B6. Grant physicians and other health care practitioners access to health care facilities

The board is responsible for ensuring an effective means of granting and appointing hospital privileges to physicians, and appoints them to the medical staff of the hospitals it owns or operates. The board must ensure its medical staff prepare and adopt medical staff bylaws, which must be approved by the Minister. The board may grant other health care practitioners access to health care facilities.

B7. Develop an effective working relationship with physicians

It is important that the health authority maintain positive, functional relationships with physicians. This includes ensuring that physicians who practice in the region, but who are not directly employed or privileged by the health authority, have a formal means of accessing the board for the purposes of identifying issues and having input into board decisions. As well, the board should seek other means to interact with physicians.

B8. Ensure that staff have input into decision making

The board needs to ensure that the views of professional, technical and other staff are solicited and considered. While the board will rely to a large extent on the CEO and senior staff, it should also ensure that other staff have been consulted whenever it is appropriate, and at least annually during the business planning process. The vehicles for such input could include a formal professional-technical advisory committee.

B9. Establish processes for effective public input

The board needs to ensure that it is aware of the expectations and concerns of its public(s) when making key decisions. It is up to each board to determine which techniques for obtaining public input work well within the populations served. The *Regional Health Authorities*

Act requires each RHA board to establish at least one community health council as a mechanism for receiving public input. RHA board meetings, with few exceptions, are to be open to the public.

B10. Establish ongoing communication with the population being served

The board must ensure that the health authority has comprehensive and effective communications processes that inform people how to obtain services, how to register concerns, how to deal with health emergencies, etc. It is the responsibility of the board to communicate to the population it serves about the strategic directions and priorities of the health authority. The board should take a proactive approach in communicating about the health authority, its mandate, scope, activities and results. Approved business plans and annual reports must be available to the public. A desired result of an effective relationship with the public is that the public has confidence in the health authority board.

B11. Develop alliances and/or partnerships with other organizations

The board is responsible for developing effective external relationships that will assist in improving the health of its population and of all Albertans. This requires working effectively with other regional and provincial health authorities to ensure that Albertans have access to a full range of health services that are coordinated both within and across regional boundaries. It also includes developing partnerships with other organizations to protect and promote health, to prevent disease and injury, and to promote sustainability of the health system.

Such organizations may include: community groups, municipal councils and their administrations, school boards, colleges and universities, social agencies, regulatory bodies of the health professions, provincial and federal health bodies, government departments, housing agencies, etc.

C. FISCAL MANAGEMENT

The board is expected to:

C1. Submit an annual budget and deliver services within the approved budget

The health authority board is responsible for the development of a sound financial plan and for operating within available resources. It is expected that budgeted expenditures will not exceed budgeted revenue. The annual budget will outline the resource allocation in keeping with the authority's strategic directions and objectives, and with provincial requirements. It will also confirm that resources are available to support planned services, programs and capital equipment replacement. In some cases, the budgeting process will involve difficult decisions and choices by health authority boards.

C2. Safeguard the organization's resources through sound fiscal policies and effective internal controls

The organization's human, information, capital and financial resources must be protected and its financial position regularly reviewed. Responsibilities include managing additional sources of funds such as donations. The board must ensure that the health authority operates on a sound fiscal basis and, thus, may require regular internal reviews of financial performance relative to targets. At a minimum, this includes the board's review of quarterly financial reports which are submitted to the Minister. The board should also establish a process to assure itself that internal controls are effective and that information provided to the Ministry to allow the Minister to discharge his responsibilities is accurate, valid and complete.

C3. Commission an annual independent financial audit

The board must commission an annual audit of the health authority's financial statements by an independent auditor. Where the Minister or legislation does not appoint the Auditor General of Alberta as the auditor, the board should have a process to appoint the auditor. In addition, the board should have mechanisms in place to

ensure that the CEO follows up and reports back to the board on recommendations arising from the annual audit.

D. RISK MANAGEMENT

The board is expected to:

D1. Identify risks to the organization and ensure policies for risk management

The board is responsible for the identification and mitigation of risks. The focus of risk management at the governance level is to minimize loss (e.g., financial loss, loss of reputation, etc.). Sources of risks may include: service delivery, medical staff regulations and procedures, fiscal matters, information privacy, purchasing practices, board member behaviour, conflict of interest, etc. The board should ensure that policies and processes are in place to minimize loss (some examples are: insurance coverage, code of ethics, contract management, signing authority and investments).

D2. Advise the Minister of risks to the organization

The board is expected to provide timely advice to the Minister of Health and Wellness of any substantial risks to the organization. Each health authority business plan submitted to the Minister should be accompanied by documentation outlining the related assumptions and risks. As well, the board should communicate through the annual report and through such other reports as may be required by the Minister, how risks were managed.

D3. Ensure that a concerns resolution process is in place

Having a sound process in place to receive and resolve the concerns of service recipients and other stakeholders is a necessary component of effective risk management. This includes ensuring that processes are in place for the protection of persons in care.

Public and staff must be kept informed of appropriate means of raising concerns. An effective concerns resolution process also assists in building confidence with the public and in improving service quality.

D4. Ensure that the health authority protects the privacy of information

The board is responsible for ensuring that the health authority protects the privacy of information and uses information only for appropriate and legal purposes. An appropriate balance must be found between protecting privacy and sharing information. The board is required to comply with all confidentiality and privacy legislation, for example, the *Freedom of Information and Protection of Privacy Act*, and the *Health Information Act*.

E. MONITORING, EVALUATION AND REPORTING

The board is expected to:

E1. Ensure that processes are in place to monitor, evaluate and continuously improve the quality of health services, within available resources

The board has overall responsibility for protection and promotion of health, prevention of disease and injury, and the delivery of quality health services. While it delegates a wide range of responsibilities to the CEO, the board is accountable for the quality, timeliness and nature of monitoring and reporting.

The board and the CEO typically work together to define organization-wide desired results and performance measures, within the context of provincial measures and targets. They should also establish the boundaries of acceptable performance, within available resources.

E2. Ensure the organization's information systems and management practices meet the board's and the Minister's need for information

Health authorities' information systems and management practices should provide operational, financial and other performance information required by the board and the Minister of Health and Wellness. Such information should be relevant, reliable, understandable and timely. Information systems should comply with provincial information standards and contribute to the development of a provincial health information system.

E3. Assess and report on the health authority's performance in addressing the health needs of its population

The board ensures that information is gathered to assess and report on the overall performance of the health authority. Periodic evaluation of strategies, programs and services, in terms of their responsiveness to health needs and their impact on desired health outcomes, is an important component of effective governance.

E4. Ensure processes are in place to monitor, evaluate and continuously improve the quality of work-life

Although it is the responsibility of management to develop and manage the quality of work-life within the health authority, the board should require the establishment of mechanisms to monitor and evaluate the quality of work-life and provide direction to management as needed.

F. BOARD PERFORMANCE

The board is expected to:

F1. Develop processes for the orientation and ongoing education of board members

Given the complexity of a health authority, the board must ensure an orientation for new members to their roles. A comprehensive orientation program for each board member is essential for personal and board effectiveness. In addition, a process to ensure ongoing education of board members should be implemented.

F2. Make clear and informed decisions which are the collective responsibility of the board

Good decisions result from sound processes. Regardless of the make-up of the board (appointed or combination of elected and appointed), or how experienced the board is, it should utilize an explicit process of decision-making, and all members should be prepared to support the final decisions. Such decision-making processes include:

adherence to procedural bylaws, committee review, public and professional input, report by the appropriate department, sign-off and recommendation by the CEO as appropriate.

F3. Ensure transparency of board processes

Public business should be conducted publicly. The meetings of a board should be public, and should be advertised as such, unless the board determines that public discussion of an issue would impair its ability to carry out its duties or would impact the privacy of an individual. Such exceptions should be rare, since discussions held at a governance level should be appropriate to hold in public. Any resolutions must be passed during the public portion of board meetings. In addition, board minutes must be available to the public for review during the normal business hours of the authority.

F4. Periodically review, revise if necessary, and ensure compliance with board internal practices and procedures

The board must ensure that its practices, procedures and guidelines of operation promote sound business practices within the organization and are responsive to change. As well, the board should establish a code of ethics concerning board member conduct.

F5. Perform an annual board self-assessment and use these results to continuously improve board performance

The board should assess its own performance at least annually, using the instrument provided as a companion to this document, as well as through other means. This process will identify areas of strength, as well as areas requiring improvement. Assessment results should be used by the board to help make changes to improve its performance.

Governance Expectations

Governance Assessment Instrument for Health Authority Boards

November 2001

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Foreword

The following governance assessment instrument was developed to complement the document ***Governance Expectations of Alberta's Health Authority Boards*** (November, 2001). Its intent is to help boards assess how well they are meeting the governance expectations set by the Minister of Health and Wellness. This instrument is offered as one mechanism by which a board may assess its own performance.

The instrument has been developed to assess the performance of a board as a whole, not of individual board members. It should assist boards in identifying areas of strength and those that require improvement. This process may help generate ideas for change and improvement.

It is recommended that this instrument be completed by the board as a group. Although the survey may be initially completed by individual board members, this should only be the first step. The most useful and productive aspect of the assessment will be the resulting discussion that takes place among all board members.

Instructions for Completion: Please score the board's current performance on each of the assessment criteria, using the following scale. The score chosen should reflect the ***degree to which the criterion is currently met.***

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

A. OVERALL DIRECTION AND PLANNING

A1. Define the vision, mission and values of the health authority, ensuring public and other stakeholder input

Assessment Criteria		Score (circle one)
A1.1	Input from public, staff and other stakeholders has been effectively incorporated in the development of the organization's vision, mission and values	**0 1 2 3 4**
A1.2	The vision, mission and values of the organization are aligned with provincial goals and directions	**0 1 2 3 4**
A1.3	The vision, mission and values of the organization are reflected in the ongoing decisions of the board	**0 1 2 3 4**
A1.4	The vision, mission and values are communicated throughout the organization and to the public on an ongoing basis	**0 1 2 3 4**

A2. Ensure that the health status and health needs of the population being served are assessed on an ongoing basis

Assessment Criteria		Score (circle one)
A2.1	The board regularly requests and receives information about the health status and health needs of the population being served	**0 1 2 3 4**
A2.2	The board has confidence in the organization's assessment of population health status and health needs	**0 1 2 3 4**

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

A3. Establish strategic directions, key expectations and performance measures for the health authority

Assessment Criteria		Score (circle one)
A3.1	The board has a sound process for determining strategic directions for the organization	0 1 2 3 4
A3.2	The process for setting strategic directions effectively incorporates information on health status, health needs, service utilization, community resources and provincial directions	0 1 2 3 4
A3.3	The board takes an active role in the setting of expectations, such as goals and targets, as well as performance measures for the organization	0 1 2 3 4

A4. Determine health services priorities

Assessment Criterion		Score (circle one)
A4.1	The board has an explicit process for determining priorities for health services	0 1 2 3 4

A5. Provide policy leadership to the organization

Assessment Criteria		Score (circle one)
A5.1	The board follows a process for establishing and reviewing on a regular basis the organization's policies and bylaws	0 1 2 3 4
A5.2	The board allows sufficient time in meetings for policy debate	0 1 2 3 4

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4 = Completely

A6. Comply with legislation, regulations, provincial policies and Ministerial directives

Assessment Criteria		Score (circle one)
A6.1	The board has reviewed and understands the legislation, regulations and provincial policies that impact the governance of health authorities	0 1 2 3 4
A6.2	The board consults legislation, regulations and provincial policies when making major decisions	0 1 2 3 4

A7. Allocate resources for delivery of services

Assessment Criteria		Score (circle one)
A7.1	The board ensures alignment between resources allocated for service delivery and its population's unique needs, taking into account overall provincial directions	0 1 2 3 4
A7.2	When allocating resources, the board takes into account the long-term sustainability of programs and services	0 1 2 3 4

A8. Ensure the planning and delivery of quality health services

Assessment Criteria		Score (circle one)
A8.1	The board has processes to ensure that the health services delivery system provides adequate access to quality health services	0 1 2 3 4
A8.2	The board directs senior management to address identified problems of accessibility, safety and cost/effectiveness of health services	0 1 2 3 4
A8.3	The board has considered issues of integration and coordination within and across regional boundaries in the planning and delivery of health services	0 1 2 3 4
A8.4	The board has ensured that contracted providers are held accountable for resources used and standards of care, and are compliant with legislation	0 1 2 3 4

0 = Not at all
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3 = Substantially
4 = Completely

A9. Develop and submit to the Minister of Health and Wellness a business plan for the health authority, and report on performance relative to the plan

Assessment Criteria		Score (circle one)
A9.1	The business plan submitted annually to the Minister of Health and Wellness is consistent with provincial guidelines	**0 1 2 3 4**
A9.2	The annual report submitted to the Minister is complete, focuses on performance relative to the business plan, and explains variation	**0 1 2 3 4**

B. RELATIONSHIPS

B1. Fulfill its accountability to the Minister of Health and Wellness

Assessment Criteria		Score (circle one)
B1.1	The board submits business plans and required reports to the Minister of Health and Wellness according to guidelines	**0 1 2 3 4**
B1.2	The board keeps the Minister appropriately informed of all factors impacting the business plan	**0 1 2 3 4**
B1.3	Ministerial feedback about previous plans and reports is incorporated into current reporting	**0 1 2 3 4**

B2. Establish a sound process for recruitment, appointment and evaluation of the Chief Executive Officer

Assessment Criteria		Score (circle one)
B2.1	The board has a specific process and criteria for recruiting and appointing a CEO	**0 1 2 3 4**
B2.2	The board has set clear expectations for the CEO	**0 1 2 3 4**
B2.3	The board has established and follows a process for evaluating the performance of the CEO	**0 1 2 3 4**

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4 = Completely

B3. Establish an effective working relationship with the Chief Executive Officer

Assessment Criteria		Score (circle one)
B3.1	The board understands the distinction between issues that are responsibility of management and issues that are responsibility of the board	**0 1 2 3 4**
B3.2	The board has a process for assessing its working relationship with the CEO	**0 1 2 3 4**
B3.3	The board has achieved an effective working relationship with the CEO	**0 1 2 3 4**

B4. Ensure a succession plan is in place for senior executives

Assessment Criterion		Score (circle one)
B4.1	The board has established a plan that will enable the organization to continue operating in the event of the departure of the CEO or other key executives	**0 1 2 3 4**

B5. Ensure the appointment of a Medical Officer of Health

Assessment Criteria		Score (circle one)
B5.1	The board has fulfilled the requirements of the Public Health Act in relation to the appointment of at least one Medical Officer of Health	**0 1 2 3 4**
B5.2	The board has established a clear reporting relationship between the Medical Officer of Health and the CEO and/or the board	**0 1 2 3 4**

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

B6. Grant physicians and other health care practitioners access to health care facilities

Assessment Criteria		Score (circle one)
B6.1	The board has ensured an effective means for granting hospital privileges to physicians and other health care practitioners	**0 1 2 3 4**
B6.2	The medical staff has prepared and adopted medical staff bylaws approved by the Minister	**0 1 2 3 4**

B7. Develop an effective working relationship with physicians

Assessment Criteria		Score (circle one)
B7.1	The board meets regularly with the physicians through a formal physicians' council or other means	**0 1 2 3 4**
B7.2	The board has established an effective working relationship with physicians	**0 1 2 3 4**

B8. Ensure that staff have input into decision making

Assessment Criterion		Score (circle one)
B8.1	The board has an explicit process for soliciting and considering views of professional, technical and other staff	**0 1 2 3 4**

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

B9. Establish processes for effective public input

Assessment Criteria		Score (circle one)
B9.1	The board has established specific processes for receiving input from the public	0 1 2 3 4
B9.2	The board has established community health councils and works effectively with them	0 1 2 3 4
B9.3	Members of the public regularly attend board meetings	0 1 2 3 4

B10. Establish ongoing communication with the population being served

Assessment Criteria		Score (circle one)
B10.1	The board has established a comprehensive communication program for the public	0 1 2 3 4
B10.2	The board communicates the health authority's strategic directions and priorities to the population	0 1 2 3 4
B10.3	The public has confidence in the health authority board	0 1 2 3 4

B11. Develop alliances and/or partnerships with other organizations

Assessment Criteria		Score (circle one)
B11.1	The board has established alliances with other organizations to improve population health	0 1 2 3 4
B11.2	The board works effectively with other regional health authorities, provincial health boards, and Alberta Health and Wellness	0 1 2 3 4

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

C. FISCAL MANAGEMENT

C1. Submit an annual budget and deliver services within the approved budget

Assessment Criteria		Score (circle one)
C1.1	Budget allocations are consistent with strategic directions, objectives and provincial requirements	**0 1 2 3 4**
C1.2	Budgeted expenditures do not exceed budgeted revenues	**0 1 2 3 4**

C2. Safeguard the organization's resources through sound fiscal policies and effective internal controls

Assessment Criteria		Score (circle one)
C2.1	The board has established and follows a process for regularly reviewing the financial position of the organization	**0 1 2 3 4**
C2.2	The board has established and follows a process to regularly review internal financial performance relative to targets	**0 1 2 3 4**
C2.3	The board has established and follows a process to assess the effectiveness of internal controls	**0 1 2 3 4**
C2.4	The board has confidence that fiscal policies and internal controls are effective, and that information provided to the Minister is accurate, valid and complete	**0 1 2 3 4**

C3. Commission an annual independent financial audit

Assessment Criteria		Score (circle one)
C3.1	Every year the board commissions an independent audit of the authority's financial statements	**0 1 2 3 4**
C3.2	The board ensures that the CEO reports back on actions taken to address recommendations from the annual audit	**0 1 2 3 4**

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

D. RISK MANAGEMENT

D1. Identify risks to the organization and ensure policies for risk management

Assessment Criteria		Score (circle one)
D1.1	The board has established and follows a process for identifying and minimizing potential risks to the organization	**0 1 2 3 4**
D1.2	The board oversees the establishment of policies and processes to minimize loss (e.g., insurance coverage, code of ethics, contract management)	**0 1 2 3 4**

D2. Advise the Minister of risks to the organization

Assessment Criteria		Score (circle one)
D2.1	The business plan addresses potential risks to the health authority	**0 1 2 3 4**
D2.2	The annual report identifies how risks were managed	**0 1 2 3 4**

D3. Ensure that a concerns resolution process is in place

Assessment Criteria		Score (circle one)
D3.1	The board ensures that the organization has an effective process to receive and resolve concerns of service recipients and other stakeholders	**0 1 2 3 4**
D3.2	The board ensures that the organization has processes in place for the protection of persons in care	**0 1 2 3 4**
D3.3	The board ensures that public and staff are informed of appropriate means of raising and resolving concerns	**0 1 2 3 4**

0 = Not at all
1 = Minimally
2 = Partially
3 = Substantially
4 = Completely

D4. Ensure that the health authority protects the privacy of information

Assessment Criteria		Score (circle one)
D4.1	The board has established and follows a process for ensuring that the health authority protects the privacy of information	**0 1 2 3 4**
D4.2	The board has established and follows a process for ensuring that the health authority uses information for appropriate and legal purposes	**0 1 2 3 4**

E. MONITORING, EVALUATION AND REPORTING

E1. Ensure that processes are in place to monitor, evaluate and continuously improve the quality of health services, within available resources

Assessment Criteria		Score (circle one)
E1.1	The board has been adequately involved in defining desired results and in determining the system for organization-wide monitoring and reporting	**0 1 2 3 4**
E1.2	The board establishes the boundaries of acceptable performance on key measures and indicators, within available resources	**0 1 2 3 4**
E1.3	The board has a formal process for reviewing organization-wide performance information	**0 1 2 3 4**

E2. Ensure that the organization's information systems and management practices meet the board's and the Minister's need for information

Assessment Criteria		Score (circle one)
E2.1	The board assesses on a regular basis its information needs	**0 1 2 3 4**
E2.2	The board ensures that information systems and management practices can address information needs of the board and of the Minister of Health and Wellness	**0 1 2 3 4**

0 = Not at all
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4 = Completely

E3. Assess and report on the health authority's performance in addressing the health needs of its population

Assessment Criteria		Score (circle one)
E3.1	The board monitors information on the overall performance of the health authority in addressing health needs of the population	**0 1 2 3 4**
E3.2	The board ensures that periodic evaluations of strategies, programs and services are completed by the organization	**0 1 2 3 4**

E4. Ensure processes are in place to monitor, evaluate and continuously improve the quality of work-life

Assessment Criteria		Score (circle one)
E4.1	The board ensures a process is in place for monitoring and evaluating the quality of work-life within the organization	**0 1 2 3 4**
E4.2	The board provides direction on quality of work-life issues	**0 1 2 3 4**

F. BOARD PERFORMANCE

F1. Develop processes for the orientation and ongoing education of board members

Assessment Criteria		Score (circle one)
F1.1	The board has a comprehensive orientation program for new members	**0 1 2 3 4**
F1.2	The board has an established process for ongoing education of members	**0 1 2 3 4**

0 = Not at all
1 = Minimally
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3 = Substantially
4 = Completely

F2. Make clear decisions which are the collective responsibility of the board

Assessment Criteria		Score (circle one)
F2.1	The board has established and follows an explicit process for decision-making	0 1 2 3 4
F2.2	Decisions made by the board are clear	0 1 2 3 4
F2.3	The board assumes collective responsibility for its decisions	0 1 2 3 4

F3. Ensure transparency of board processes

Assessment Criteria		Score (circle one)
F3.1	Board meetings are adequately advertised and are open to public participation	0 1 2 3 4
F3.2	Board meeting minutes are available to the public for review	0 1 2 3 4
F3.3	The board communicates to the public the rationale underlying its decisions	0 1 2 3 4

F4. Periodically review, revise if necessary, and ensure compliance with board internal practices and procedures

Assessment Criteria		Score (circle one)
F4.1	The board has established and follows a process for periodically reviewing and revising its practices, procedures and guidelines of operation	0 1 2 3 4
F4.2	The board's practices, procedures and guidelines of operation promote sound business practice	0 1 2 3 4
F4.3	The board has established a code of ethics for board members	0 1 2 3 4

0 = Not at all
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3 = Substantially
4 = Completely

F5. Perform an annual board self-assessment and use these results to continuously improve board performance

Assessment Criteria		Score (circle one)
F5.1	Every year the board assesses its own performance, identifying areas of strength and areas needing improvement	**0 1 2 3 4**
F5.2	The board uses the annual self-assessment results to make changes to improve its performance	**0 1 2 3 4**

Board Performance
ASSESSMENT SUMMARY

Areas of Strength:
Areas for Improvement:
Strategies for Improvement: